

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Adair County Board of Education Street Address      1204 Greensburg St City, State Zip      Columbia, KY 42728	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$179,143.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Allen County Board of Education Street Address      570 Oliver St. City, State Zip      Scottsville, KY 42164	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$139,586.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Anchorage Independent Board of Education Street Address      11400 Ridge Rd City, State Zip      Anchorage, KY 40223	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$7,703.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Anderson County Board of Education Street Address      1160 Bypass North City, State Zip      Lawrenceburg, KY 40342	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$106,942.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Ashland Independent Board of Education Street Address      PO Box 3000 City, State Zip      Ashland, KY 41101	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$198,078.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Augusta Independent Board of Education Street Address       307 Bracken St City, State Zip       Augusta, KY 41002	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$14,231.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Ballard County Board of Education Street Address      3465 Paducah Rd City, State Zip      Barlow, KY 42024	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$61,244.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Barbourville Independent Board of Education Street Address      PO Box 520 City, State Zip      Barbourville, KY 40906	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$47,069.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Bardstown Independent Board of Education Street Address     308 N Fifth St City, State Zip     Bardstown, KY 40004	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact             Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                 Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                 FY2015 Title II, Part A Improving Teacher Quality Fund Source                 Title II, Part A Improving Teacher Quality CFDA#                        84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number                 N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$85,956.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

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Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Barren County Board of Education Street Address      202 W Washington St City, State Zip      Glasgow, KY 42141	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$175,233.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Bath County Board of Education Street Address      405 W Main St City, State Zip      Owingsville, KY 40360	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$123,309.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Beechwood Independent Board of Education Street Address      50 Beechwood Rd City, State Zip      Fort Mitchell, KY 41017	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$18,837.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Bell County Board of Education Street Address      PO Box 340 City, State Zip      Pineville, KY 40977	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$268,102.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Bellevue Independent Board of Education Street Address        219 Center St City, State Zip        Bellevue, KY 41073	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant        Jennifer Baker, 502-564-1479 Ext. 4501 Street Address        19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip        Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description        FY2015 Title II, Part A Improving Teacher Quality Fund Source        Title II, Part A Improving Teacher Quality CFDA#        84.367A PR/AWARD NUMBER (FAIN)        S367A140016 – 14A MUNIS Project Number        401A MOA Number        N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$37,152.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Berea Independent Board of Education Street Address      3 Pirate Pkwy City, State Zip      Berea, KY 40403	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$44,046.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Boone County Board of Education Street Address       8330 US 42 City, State Zip       Florence, KY 41042	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$387,948.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Bourbon County Board of Education Street Address      3343 Lexington Rd City, State Zip      Paris, KY 40361	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$99,017.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Bowling Green Independent Board of Education Street Address      1211 Center St City, State Zip      Bowling Green, KY 42101	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$201,994.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Boyd County Board of Education Street Address       1104 Bob McCullough Dr City, State Zip       Ashland, KY 41102	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$171,584.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Boyle County Board of Education Street Address      352 N Danville By-Pass City, State Zip      Danville, KY 40422	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$99,553.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Bracken County Board of Education Street Address     348 W Miami St City, State Zip     Brooksville, KY 41004	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact              Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                  Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                  FY2015 Title II, Part A Improving Teacher Quality Fund Source                  Title II, Part A Improving Teacher Quality CFDA#                          84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number          401A MOA Number                   N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$60,049.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Breathitt County Board of Education Street Address      PO Box 750 City, State Zip      Jackson, KY 41339	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$233,961.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Breckinridge County Board of Education Street Address      86 Airport Road City, State Zip      Hardinsburg, KY 40143	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$150,691.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Bullitt County Board of Education Street Address      1040 Hwy 44 E City, State Zip      Shepherdsville, KY 40165	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$390,418.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Burgin Independent Board of Education Street Address      PO Box B City, State Zip      Burgin, KY 40310	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$12,451.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Butler County Board of Education Street Address      PO Box 339 City, State Zip      Morgantown, KY 42261	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip             Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$123,426.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Caldwell County Board of Education Street Address      PO Box 229 City, State Zip      Princeton, KY 42445	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$115,666.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Calloway County Board of Education Street Address      PO Box 800 City, State Zip      Murray, KY 42071	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$140,050.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Campbell County Board of Education Street Address      101 Orchard Ln City, State Zip      Alexandria, KY 41001	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$109,239.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Campbellsville Independent Board of Education Street Address      136 S Columbia City, State Zip      Campbellsville, KY 42718	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$98,477.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Carlisle County Board of Education Street Address       4557 State Rt 1377 City, State Zip       Bardwell, KY 42023	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$42,715.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Carroll County Board of Education Street Address       813 Hawkins St City, State Zip       Carrollton, KY 41008	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$97,879.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Carter County Board of Education Street Address      228 S Carol Malone Blvd City, State Zip      Grayson, KY 41143	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$327,287.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Casey County Board of Education Street Address      1922 N US 127 City, State Zip      Liberty, KY 42539	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$165,615.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Caverna Independent Board of Education Street Address      1102 N. Dixie Hwy City, State Zip      Cave City, KY 42127	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$56,779.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Christian County Board of Education Street Address      PO Box 609 City, State Zip      Hopkinsville, KY 42241	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$564,783.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Clark County Board of Education Street Address      1600 W Lexington Ave City, State Zip      Winchester, KY 40391	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$251,223.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Clay County Board of Education Street Address    128 Richmond Rd City, State Zip    Manchester, KY 40962	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact              Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                  Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                  FY2015 Title II, Part A Improving Teacher Quality Fund Source                  Title II, Part A Improving Teacher Quality CFDA#                          84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number          401A MOA Number                   N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$401,692.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Clinton County Board of Education Street Address      2353 N Hwy 127 City, State Zip      Albany, KY 42602	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$128,127.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Cloverport Independent Board of Education Street Address      PO Box 37 City, State Zip      Cloverport, KY 40111	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$16,222.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Corbin Independent Board of Education Street Address      108 Roy Kidd Ave City, State Zip      Corbin, KY 40701	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$118,930.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Covington Independent Board of Education Street Address      25 E Seventh St City, State Zip      Covington, KY 41011	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$414,000.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Crittenden County Board of Education Street Address      601 W Elm St City, State Zip      Marion, KY 42064	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$88,765.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Cumberland County Board of Education Street Address      PO Box 420 City, State Zip      Burkesville, KY 42717	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$82,999.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Danville Independent Board of Education Street Address      152 E Martin Luther King Blvd City, State Zip      Danville, KY 40422	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$97,792.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Daviess County Board of Education Street Address      PO Box 21510 City, State Zip      Owensboro, KY 42304	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$363,536.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Dawson Springs Independent Board of Education Street Address      118 E Arcadia Ave City, State Zip      Dawson Springs, KY 42408	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$26,123.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Dayton Independent Board of Education Street Address      200 Clay St City, State Zip      Dayton, KY 41074	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$74,008.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      East Bernstadt Independent Board of Education Street Address      PO Box 128 City, State Zip      East Bernstadt, KY 40729	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$26,050.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Edmonson County Board of Education Street Address      PO Box 129 City, State Zip      Brownsville, KY 42210	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact              Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                  Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                  FY2015 Title II, Part A Improving Teacher Quality Fund Source                  Title II, Part A Improving Teacher Quality CFDA#                          84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number          401A MOA Number                   N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$114,317.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Elizabethtown Independent Board of Education Street Address      219 Helm St City, State Zip      Elizabethtown, KY 42701	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$86,611.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Elliott County Board of Education Street Address       PO Box 767 City, State Zip       Sandy Hook, KY 41171	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$96,032.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Eminence Independent Board of Education Street Address      291 W Broadway City, State Zip      Eminence, KY 40019	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$30,624.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Erlanger-Elsmere Independent Board of Education Street Address 500 Graves Ave City, State Zip Erlanger, KY 41018	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant Jennifer Baker, 502-564-1479 Ext. 4501 Street Address 19 <sup>th</sup> Floor, 500 Mero St. Budget Contact Stephanie Mack, 502-564-1979 Ext. 4306 Street Address 16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description FY2015 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Improving Teacher Quality CFDA# 84.367A PR/AWARD NUMBER (FAIN) S367A140016 – 14A MUNIS Project Number 401A MOA Number N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$79,631.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 (All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Estill County Board of Education Street Address      PO Box 930 City, State Zip      Irvine, KY 40336	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$183,010.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Fairview Independent Board of Education Street Address      2201 Main Street City, State Zip      Ashland, KY 41102	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$23,315.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Fayette County Board of Education Street Address      PO Box 55490 City, State Zip      Lexington, KY 40555	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$1,420,549.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right; margin-top: 10px;"> <b>Date:</b> October 24, 2014         </div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Fleming County Board of Education Street Address      211 W Water St City, State Zip      Flemingsburg, KY 41041	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$141,497.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name       Floyd County Board of Education Street Address      106 N Front Ave City, State Zip      Prestonsburg, KY 41653	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant   Jennifer Baker, 502-564-1479 Ext. 4501 Street Address        19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip           Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description           FY2015 Title II, Part A Improving Teacher Quality Fund Source           Title II, Part A Improving Teacher Quality CFDA#                 84.367A PR/AWARD NUMBER (FAIN)   S367A140016 – 14A MUNIS Project Number   401A MOA Number           N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$606,628.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Fort Thomas Independent Board of Education Street Address      28 N Ft Thomas Ave City, State Zip      Fort Thomas, KY 41075	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$62,053.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Frankfort Independent Board of Education Street Address      506 West 2nd Street, Suite 2 City, State Zip      Frankfort, KY 40601	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$64,922.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Franklin County Board of Education Street Address      916 E Main St City, State Zip      Frankfort, KY 40601	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$228,189.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Fulton County Board of Education Street Address       2780 Moscow Ave City, State Zip       Hickman, KY 42050	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$60,257.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Fulton Independent Board of Education Street Address      304 West State Line City, State Zip      Fulton, KY 42041	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$38,424.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Gallatin County Board of Education Street Address      75 Boardwalk City, State Zip      Warsaw, KY 41095	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$73,842.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Garrard County Board of Education Street Address      322 W Maple St City, State Zip      Lancaster, KY 40444	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$113,748.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Glasgow Independent Board of Education Street Address      PO Box 1239 City, State Zip      Glasgow, KY 42142	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$113,522.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Grant County Board of Education Street Address      820 Arnie Risen Boulevard City, State Zip      Williamstown, KY 41097	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$156,926.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Graves County Board of Education Street Address       2290 State Rt 121 N City, State Zip       Mayfield, KY 42066	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$186,142.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Grayson County Board of Education Street Address      PO Box 4009 City, State Zip      Leitchfield, KY 42754	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$249,515.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 (All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Green County Board of Education Street Address       PO Box 369 City, State Zip       Greensburg, KY 42743	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$94,447.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Greenup County Board of Education Street Address      45 Musketeer Dr City, State Zip      Greenup, KY 41144	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$200,538.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Hancock County Board of Education Street Address      83 State Rt 271 N City, State Zip      Hawesville, KY 42348	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$71,890.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Hardin County Board of Education Street Address      65 W A Jenkins Rd City, State Zip      Elizabethtown, KY 42701	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$509,086.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name       Harlan County Board of Education Street Address     251 Ball Park Rd City, State Zip     Harlan, KY 40831	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant     Jennifer Baker, 502-564-1479 Ext. 4501 Street Address            19 <sup>th</sup> Floor, 500 Mero St. Budget Contact            Stephanie Mack, 502-564-1979 Ext. 4306 Street Address            16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                FY2015 Title II, Part A Improving Teacher Quality Fund Source                Title II, Part A Improving Teacher Quality CFDA#                        84.367A PR/AWARD NUMBER (FAIN)   S367A140016 – 14A MUNIS Project Number       401A MOA Number                N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$459,604.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name       Harlan Independent Board of Education Street Address     420 E Central St City, State Zip     Harlan, KY 40831	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant     Jennifer Baker, 502-564-1479 Ext. 4501 Street Address             19 <sup>th</sup> Floor, 500 Mero St. Budget Contact            Stephanie Mack, 502-564-1979 Ext. 4306 Street Address             16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                FY2015 Title II, Part A Improving Teacher Quality Fund Source                Title II, Part A Improving Teacher Quality CFDA#                        84.367A PR/AWARD NUMBER (FAIN)   S367A140016 – 14A MUNIS Project Number       401A MOA Number                N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$49,853.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Harrison County Board of Education Street Address       308 Webster Ave City, State Zip       Cynthiana, KY 41031	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$142,538.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Hart County Board of Education Street Address      25 Quality Street City, State Zip      Munfordville, KY 42765	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$167,253.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Hazard Independent Board of Education Street Address      705 Main Street City, State Zip      Hazard, KY 41701	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$66,617.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Henderson County Board of Education Street Address       1805 Second St City, State Zip       Henderson, KY 42420	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$331,160.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Henry County Board of Education Street Address       326 S Main St City, State Zip       New Castle, KY 40050	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$96,128.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Hickman County Board of Education Street Address      416 Waterfield Dr City, State Zip      Clinton, KY 42031	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$45,439.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Hopkins County Board of Education Street Address       320 S Seminary St City, State Zip        Madisonville, KY 42431	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address        19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$380,254.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Jackson County Board of Education Street Address      PO Box 217 City, State Zip      McKee, KY 40447	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$208,982.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Jackson Independent Board of Education Street Address      940 Highland Ave City, State Zip      Jackson, KY 41339	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip             Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description             FY2015 Title II, Part A Improving Teacher Quality Fund Source             Title II, Part A Improving Teacher Quality CFDA#                    84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number                N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$21,023.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Jefferson County Board of Education Street Address      PO Box 34020 City, State Zip      Louisville, KY 40232	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$4,556,758.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name          Jenkins Independent Board of Education Street Address        PO Box 74 City, State Zip        Jenkins, KY 41537	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact             Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                 Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                FY2015 Title II, Part A Improving Teacher Quality Fund Source                Title II, Part A Improving Teacher Quality CFDA#                        84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number                 N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$52,333.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Jessamine County Board of Education Street Address       871 Wilmore Rd City, State Zip       Nicholasville, KY 40356	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$278,123.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Johnson County Board of Education Street Address       253 N Mayo Tr City, State Zip       Paintsville, KY 41240	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$270,400.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Kenton County Board of Education Street Address      1055 Eaton Dr City, State Zip      Fort Wright, KY 41017	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$360,863.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Knott County Board of Education Street Address      PO Box 869 City, State Zip      Hindman, KY 41822	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$265,633.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Knox County Board of Education Street Address      200 Daniel Boone Dr City, State Zip      Barbourville, KY 40906	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$438,032.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        LaRue County Board of Education Street Address      208 College St City, State Zip      Hodgenville, KY 42748	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$113,991.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Laurel County Board of Education Street Address      718 North Main Street City, State Zip      London, KY 40741	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$533,941.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Lawrence County Board of Education Street Address      50 Bulldog Ln City, State Zip      Louisa, KY 41230	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$220,515.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Lee County Board of Education Street Address      PO Box 668 City, State Zip      Beattyville, KY 41311	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$124,917.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Leslie County Board of Education Street Address      PO Box 949 City, State Zip      Hyden, KY 41749	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$207,598.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Letcher County Board of Education Street Address      224 Park St City, State Zip      Whitesburg, KY 41858	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$287,188.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Lewis County Board of Education Street Address      PO Box 159 City, State Zip      Vanceburg, KY 41179	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$183,738.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Lincoln County Board of Education Street Address      PO Box 265 City, State Zip      Stanford, KY 40484	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$249,693.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Livingston County Board of Education Street Address      PO Box 219 City, State Zip      Smithland, KY 42081	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$69,128.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Logan County Board of Education Street Address      PO Box 417 City, State Zip      Russellville, KY 42276	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$153,416.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Ludlow Independent Board of Education Street Address      525 Elm St City, State Zip      Ludlow, KY 41016	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$43,249.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Lyon County Board of Education Street Address      217 Jenkins Rd City, State Zip      Eddyville, KY 42038	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$42,394.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Madison County Board of Education Street Address      PO Box 768 City, State Zip      Richmond, KY 40475	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$449,413.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Magoffin County Board of Education Street Address       PO Box 109 City, State Zip       Salyersville, KY 41465	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$243,282.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Marion County Board of Education Street Address       755 E Main St City, State Zip       Lebanon, KY 40033	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$165,590.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Marshall County Board of Education Street Address      86 High School Rd City, State Zip      Benton, KY 42025	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$190,611.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Martin County Board of Education Street Address       104 E Main St City, State Zip       Inez, KY 41224	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$203,923.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Mason County Board of Education Street Address      PO Box 130 City, State Zip      Maysville, KY 41056	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$159,655.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Mayfield Independent Board of Education Street Address      914 East College St City, State Zip      Mayfield, KY 42066	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$95,384.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        McCracken County Board of Education Street Address      435 Berger Rd City, State Zip      Paducah, KY 42001	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$239,579.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        McCreary County Board of Education Street Address      120 Raider Way City, State Zip      Stearns, KY 42647	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$314,320.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        McLean County Board of Education Street Address      PO Box 245 City, State Zip      Calhoun, KY 42327	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$81,254.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Meade County Board of Education Street Address      1155 Old Ekron Rd City, State Zip      Brandenburg, KY 40108	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$197,730.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Meniffee County Board of Education Street Address      202 Back St., PO Box 110 City, State Zip      Frenchburg, KY 40322	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$82,246.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Mercer County Board of Education Street Address     371 E Lexington St. City, State Zip     Harrodsburg, KY 40330	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact              Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                  Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                  FY2015 Title II, Part A Improving Teacher Quality Fund Source                  Title II, Part A Improving Teacher Quality CFDA#                          84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number          401A MOA Number                   N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$146,668.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Metcalfe County Board of Education Street Address      109 Sartin Dr City, State Zip      Edmonton, KY 42129	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$113,791.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Middlesboro Independent Board of Education Street Address      PO Box 959 City, State Zip      Middlesboro, KY 40965	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$117,141.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Monroe County Board of Education Street Address       309 Emberton Street City, State Zip        Tompkinsville, KY 42167	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address        19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$124,286.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Montgomery County Board of Education Street Address       700 Woodford Drive City, State Zip       Mount Sterling, KY 40353	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$206,185.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Morgan County Board of Education Street Address      212 University Dr City, State Zip      West Liberty, KY 41472	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$189,886.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Muhlenberg County Board of Education Street Address      510 W Main Street City, State Zip      Powderly, KY 42367	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$287,939.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Murray Independent Board of Education Street Address       208 S 13th St City, State Zip       Murray, KY 42071	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$62,035.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Nelson County Board of Education Street Address      PO Box 2277 City, State Zip      Bardstown, KY 40004	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$194,765.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Newport Independent Board of Education Street Address      301 E Eighth St City, State Zip      Newport, KY 41071	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact          Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip              Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description              FY2015 Title II, Part A Improving Teacher Quality Fund Source              Title II, Part A Improving Teacher Quality CFDA#                      84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number      401A MOA Number                N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$241,213.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Nicholas County Board of Education Street Address      395 W Main St City, State Zip      Carlisle, KY 40311	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$75,235.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name          Ohio County Board of Education Street Address        PO Box 70 City, State Zip        Hartford, KY 42347	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact            Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                 Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                FY2015 Title II, Part A Improving Teacher Quality Fund Source                Title II, Part A Improving Teacher Quality CFDA#                        84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number                N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$226,859.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Oldham County Board of Education Street Address    6165 W Hwy 146 City, State Zip    Crestwood, KY 40014	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$211,747.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Owen County Board of Education Street Address      1600 Hwy 22 E City, State Zip      Owenton, KY 40359	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$105,246.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Owensboro Independent Board of Education Street Address      450 Griffith Avenue City, State Zip      Owensboro, KY 42302	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$320,694.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Owsley County Board of Education Street Address      PO Box 340 City, State Zip      Booneville, KY 41314	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$103,323.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Paducah Independent Board of Education Street Address      PO Box 2550 City, State Zip      Paducah, KY 42003	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$259,171.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Paintsville Independent Board of Education Street Address       305 2nd St City, State Zip       Paintsville, KY 41240	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$38,008.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Paris Independent Board of Education Street Address      310 W Seventh St City, State Zip      Paris, KY 40361	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$59,886.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Pendleton County Board of Education Street Address    2525 Hwy 27 N City, State Zip    Falmouth, KY 41040	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                    84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$127,567.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Perry County Board of Education Street Address     315 Park Ave City, State Zip     Hazard, KY 41701	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact             Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                 Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                 FY2015 Title II, Part A Improving Teacher Quality Fund Source                 Title II, Part A Improving Teacher Quality CFDA#                         84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number                 N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$364,348.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Pike County Board of Education Street Address      316 S Mayo Tr City, State Zip      Pikeville, KY 41502	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$716,042.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Pikeville Independent Board of Education Street Address      148 Second St City, State Zip      Pikeville, KY 41501	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$83,691.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Pineville Independent Board of Education Street Address      401 Virginia Ave City, State Zip      Pineville, KY 40977	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$42,923.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Powell County Board of Education Street Address      PO Box 430 City, State Zip      Stanton, KY 40380	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$170,279.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Pulaski County Board of Education Street Address      PO Box 1055 City, State Zip      Somerset, KY 42502	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$437,797.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Raceland Independent Board of Education Street Address      600 Ram Blvd City, State Zip      Raceland, KY 41169	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$36,813.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Robertson County Board of Education Street Address      PO Box 108 City, State Zip      Mount Olivet, KY 41064	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$23,142.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Rockcastle County Board of Education Street Address      245 Richmond St City, State Zip      Mount Vernon, KY 40456	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$194,695.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Rowan County Board of Education Street Address      121 E Second St City, State Zip      Morehead, KY 40351	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$186,637.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Russell County Board of Education Street Address      404 S. Main St. City, State Zip      Jamestown, KY 42629	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$174,533.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Russell Independent Board of Education Street Address      409 Belfont St City, State Zip      Russell, KY 41169	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$81,364.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Russellville Independent Board of Education Street Address       355 S Summer St City, State Zip       Russellville, KY 42276	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$54,452.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Science Hill Independent Board of Education Street Address       6007 N Hwy 27 City, State Zip       Science Hill, KY 42553	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$12,070.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Scott County Board of Education Street Address      PO Box 578 City, State Zip      Georgetown, KY 40324	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$237,433.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Shelby County Board of Education Street Address      PO Box 159 City, State Zip      Shelbyville, KY 40066	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$193,270.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Silver Grove Independent Board of Education Street Address      PO Box 400 City, State Zip      Silver Grove, KY 41085	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$7,122.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Simpson County Board of Education Street Address      430 South College Street City, State Zip      Franklin, KY 42135	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$126,394.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Somerset Independent Board of Education Street Address       305 N College St City, State Zip       Somerset, KY 42502	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$78,266.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Southgate Independent Board of Education Street Address      Wm Blatt and Evergreen City, State Zip      Southgate, KY 41071	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address        19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$10,183.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <div style="text-align: right;"><b>Date:</b> October 24, 2014</div>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Spencer County Board of Education Street Address      207 W Main St City, State Zip      Taylorsville, KY 40071	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$79,718.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Taylor County Board of Education Street Address    1209 E Broadway City, State Zip    Campbellsville, KY 42718	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact          Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip              Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description              FY2015 Title II, Part A Improving Teacher Quality Fund Source              Title II, Part A Improving Teacher Quality CFDA#                      84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number      401A MOA Number                N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$99,341.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Todd County Board of Education Street Address      205 Airport Rd City, State Zip      Elkton, KY 42220	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address          16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$108,988.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Trigg County Board of Education Street Address      202 Main St City, State Zip      Cadiz, KY 42211	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$96,987.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Trimble County Board of Education Street Address      PO Box 275 City, State Zip      Bedford, KY 40006	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$67,528.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Union County Board of Education Street Address      510 S Mart St City, State Zip      Morganfield, KY 42437	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$129,043.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Walton-Verona Independent Board of Education Street Address     16 School Rd City, State Zip     Walton, KY 41094	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact             Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                 Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                 FY2015 Title II, Part A Improving Teacher Quality Fund Source                 Title II, Part A Improving Teacher Quality CFDA#                        84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number        401A MOA Number                 N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$47,564.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Warren County Board of Education Street Address      PO Box 51810 City, State Zip      Bowling Green, KY 42102	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$459,762.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Washington County Board of Education Street Address      PO Box 72 City, State Zip      Springfield, KY 40069	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$94,063.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Wayne County Board of Education Street Address      1025 Main St City, State Zip      Monticello, KY 42633	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$267,445.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Webster County Board of Education Street Address      28 State Rt 1340 City, State Zip      Dixon, KY 42409	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$110,161.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      West Point Independent Board of Education Street Address      PO Box 367 City, State Zip      West Point, KY 40177	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$16,264.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Whitley County Board of Education Street Address      300 Main St City, State Zip      Williamsburg, KY 40769	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address      19 <sup>th</sup> Floor, 500 Mero St. Budget Contact      Stephanie Mack, 502-564-1979 Ext. 4306 Street Address      16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip      Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description      FY2015 Title II, Part A Improving Teacher Quality Fund Source      Title II, Part A Improving Teacher Quality CFDA#      84.367A PR/AWARD NUMBER (FAIN)      S367A140016 – 14A MUNIS Project Number      401A MOA Number      N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$340,365.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Williamsburg Independent Board of Education Street Address      1000 Main St City, State Zip      Williamsburg, KY 40769	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$64,420.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Williamstown Independent Board of Education Street Address       300 Helton St City, State Zip       Williamstown, KY 41097	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant       Jennifer Baker, 502-564-1479 Ext. 4501 Street Address       19 <sup>th</sup> Floor, 500 Mero St. Budget Contact       Stephanie Mack, 502-564-1979 Ext. 4306 Street Address       16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip       Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description       FY2015 Title II, Part A Improving Teacher Quality Fund Source       Title II, Part A Improving Teacher Quality CFDA#       84.367A PR/AWARD NUMBER (FAIN)       S367A140016 – 14A MUNIS Project Number       401A MOA Number       N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$29,470.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name        Wolfe County Board of Education Street Address      PO Box 160 City, State Zip      Campton, KY 41301	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant    Jennifer Baker, 502-564-1479 Ext. 4501 Street Address          19 <sup>th</sup> Floor, 500 Mero St. Budget Contact        Stephanie Mack, 502-564-1979 Ext. 4306 Street Address        16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description            FY2015 Title II, Part A Improving Teacher Quality Fund Source            Title II, Part A Improving Teacher Quality CFDA#                  84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number    401A MOA Number            N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$145,646.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Woodford County Board of Education Street Address     330 Pisgah Pk City, State Zip     Versailles, KY 40383	<b>7</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant      Jennifer Baker, 502-564-1479 Ext. 4501 Street Address              19 <sup>th</sup> Floor, 500 Mero St. Budget Contact             Stephanie Mack, 502-564-1979 Ext. 4306 Street Address              16 <sup>th</sup> Floor, 500 Mero St. City, KY Zip                 Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                 FY2015 Title II, Part A Improving Teacher Quality Fund Source                 Title II, Part A Improving Teacher Quality CFDA#                         84.367A PR/AWARD NUMBER (FAIN)    S367A140016 – 14A MUNIS Project Number        401A MOA Number                 N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>Award Amount:</b> \$125,718.00	<b>11</b>	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
<b>6</b>	<b>Period of Award:</b> July 1, 2014 – September 30, 2016 <b>(All funds must be spent or encumbered by September 30, 2016. The quarterly report for the period ending September 30, 2016 must reflect encumbrances.)</b>		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b> The submission of the Teacher Quality Program Budget is required for this program. <b>The final federal cash request must be submitted by December 9, 2016.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Cindy Parker, Director Division of Next Generation Professionals <span style="float: right;"><b>Date:</b> October 24, 2014</span>		